Case: 1:18-cv-02696-SO Doc #: 1 Filed: 11/20/18,13 of 11. BeageID #: 1

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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

2018 NOV 20 AN 10: 07 for the

CASE U.S. DISTRICT GOURS

District of

CLEVELAND

Division

Demetrius Jones # 0195759

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

PROSECUTOR: Kelly NeedHAM Juyde: Deenn R. CALABRESE

SHERIFF; Clifford Pinkpley medical: Doctor and Musses

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.: 18 CV 2696

(to be filled in by the Clerk's Office)

JUDGE OLIVER

MAG. JUDGE BAUGHMAN

### COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev	, 12/16) Complaint for	Violation of Civil	Rights (Prisoner)
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#### The Parties to This Complaint I.

### A.

В.

The Plaintiff(s)	
Provide the information below for needed.	each plaintiff named in the complaint. Attach additional pages if
Name	Demetrius Jones # 0195759
All other names by which	
you have been known:	
ID Number	#0195759
Current Institution	Cuyahoga County Jail
Address	P.O. Box 5600'
	Cleveland OH 44101
	City State Zip Code
The Defendant(s)	
listed below are identical to those the person's job or title (if known) as	an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed.
Name	Judge: Deena R. CAIABRESE
Job or Title (if known)	HONDRABLE Judge
Shield Number	
Employer	CUYA HOGA COUNTY JA:)
Address	1200 ONTARIOST ROOM 228
	Cleveland ship 44/13 City State Zip Code  Individual capacity Official capacity
Defendant No. 2	
Name	helly NeedHam
Job or Title (if known)	frosecutor:
Shield Number	
-	Constallance Constall Toil
Employer Address	12 stan St Ath Clara
Address	CAPURION 9 FIDER
	Cheve Mark Ohio 44113 City State Zip Code
	Individual capacity

Pro Se 1	4 (Rev. 12/1	6) Complaint for Violation of Civil Rights (Pri	soner)	
	· .	Defendant No. 3  Name  Job or Title (if known)  Shield Number  Employer  Address	Chifford Pinkney  SHeriff  Cuyatioga Courty  1215 W. 3rd Street  Cleveland driv 44113  City State Zip Code  Individual capacity  Official capacity	
		Defendant No. 4		
		Name	medical: Doretor and wursing	
•		Job or Title (if known)	· Poctor And NURSING STATIONS	
		Shield Number		
	• .	Employer	CUYAbogA COUNTY JA:)	
		Address		
		•	Clove land sho 44113 City State Zip Code	
			City State Zip Code  Individual capacity	
II.	Basis	for Jurisdiction		
	immu Feder	nities secured by the Constitution a	nate or local officials for the "deprivation of any rights, privileges, or and [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of 888 (1971)</i> , you may sue federal officials for the violation of certain	
	A. ·	Are you bringing suit against (ch	neck all that apply):	
		Federal officials (a Bivens of	claim)	
		State or local officials (a §	1983 claim)	
	В.	the Constitution and Ifederal lay	ging the "deprivation of any rights, privileges, or immunities secured by vs]." 42 U.S.C. § 1983. If you are suing under section 1983, what y right(s) do you claim is/are being violated by state or local officials?	
	C.	Plaintiffs suing under <i>Divens</i> in	denent light and emptional Distress C1970)  s up the paper work E could be view my graduother uneral ay only recover for the violation of certain constitutional rights. If you institutional right(s) do you claim is/are being violated by federal	(IAP)

Pro Se I	14 (Rev. 12/	16) Complaint for Violation of Civil Rights (Prisoner)
	D.	They (A) wever make That Right Again she die 6-5-2 And the fresecutar open and copy my outing mail without the Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed.
m.	Priso	The coats Keep Continuance my court pale will out my permission of signifferent face a fair and speedy TRIAL IN model on And IN ORAL
	Indica	ate whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
٠		Other (explain)
IV.	Staten	nent of Claim
	alleged further any ca	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the discount wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	Α.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	B.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		first when They mass up the paper work to Allow MP to Viewing my grandmether funeral on 6-13-2018 and the counts have the evidently to priore my Innocent  Page 4 of 11

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ro Se 14 (Rev	. 12/16) Complaint for	Violation of Civil Right	ts (Prisoner)
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C. What date and approximate time did the events giving rise to your claim(s) occur?

6-13-2618 3-21-2018 6-11-2618 10-2-2618

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

when we get Lock of in Seg. They change pape food

to one sandwich for Lunch one sandwich for dinner thatis

Injuries that's not constitution Right

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Stress and Depress

### VI. Relief

V.

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1.5 million dollARS

# VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
Yes
□ No
If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
<b>V</b> Yes Yes
No W
Do not know
Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
Yes
□ No
☐ Do not know
If yes, which claim(s)?

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D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	No ·
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	☐ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
·	
	2. What did you claim in your grievance?
	·
•	
	3. What was the result, if any?
	J. William Hall the treating of the grant of the same
. •	
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	not, explain why not. (Describe an efforts to appear to the ingliference of

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Pro Se 14	I (Rev. 12/1	6) Complaint for Violation of Civil Rights (Prisoner)
	the first of	
	F.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here:
		I WAS SCARPA
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII.	Previo	us Lawsuits
	the fili brough malicie	hree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying ng fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, at an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, ous, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
	To the	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
		es
	No	
	If yes,	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A.		ve you filed other lawsuits in state or federal court dealing with the same facts involved in this ion?
		] Yes
	V	No No
В.	If y mo	your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there are than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit
		Plaintiff(s)
		Defendant(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
*	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
	0.	
	<b></b>	[] Yes,
		Mo
		If no, give the approximate date of disposition.
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entere in your favor? Was the case appealed?)

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	☐ Yes
	No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	3. Docket or index number
	4. Name of Judge assigned to your case
	5. Approximate date of filing lawsuit
	6. Is the case still pending?
	☐ Yes
	□ No
	If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entere in your favor? Was the case appealed?)

### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Signature of Plaintiff Printed Name of Plaintiff	Demetrius Jones		-
Prison Identification #	0195759		
Prison Address	Cuyahoga County Ja	il, P.D. Box :	5600
	Cleveland	OH	44101
e de la companya de La companya de la co	City	State	Zip Code
For Attorneys		PRO-SC	
		PRO -	
Date of signing:		14.	
Date of signing: Signature of Attorney		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		\ \( \rho \)	
Signature of Attorney		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature of Attorney Printed Name of Attorney		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature of Attorney Printed Name of Attorney Bar Number			
Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm	City	State	Zip Code
Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm			Zip Code